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| | | | | Application Number | 09/646,776 | |
| INFORMATION DISCLOSURE STATEMENT BY APPLICANT (Use as many sheets as necessary) | | | OSTIBE | Filing Date | September 21, 2000 | |
| | | | | First Named Inventor | Kalle AHMAVAARA | |
| | | | _ | Art Unit | 2681 | |
| | (03 | re as namy shock as necessary | • | Examiner Name | Smith, Sheila B. | |
| Sheet | et 1 of 1 Attorney | | Attorney Docket Number | 492 <i>8</i> -89PUS | | |
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| 1 | <u> </u> | | | TENT DOCUMENTS | | |
| | Cite No. 1 | Document Number | Publication Date MM-DD-YYYY | Name of Patentee or Applicant of Cited Document | Pages, Columns, Lines, Where Relevant Passages or Relevant | |
| | | Number-Kind-Code 2 (17 | | | Figures Appear | |
| 1 | AA | US-5,268,933 | 12/7/1993 | Awerbych // | 10 | |
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| | US- | 15, | | |
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| | | | FOREIGN P | ATENT DOCUMENTS | · · · · · · · · · · · · · · · · · · · | |
|-----------------------|--------------------------|--|--------------------------------|--|---|----------------|
| Examiner Initials* | Cite No. ¹ | Foreign Patent Document Country Code ³ Number ⁴ Kind-Code ³ (if known) | Publication Date MM-DD-YYYY | Name of Patentee or Applicant of Cited Document | Pages, Columns, Lines, Where Relevant Passages or Relevant Figures Appear | T _q |
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the reign of the Emperor must precede the serial number of the patent document. 'Kind of document by the appropriate symbols as indicated on the document under WIPO Standard ST. 16 if possible. 'Applicant is to place a check mark here if English language Translation is stateched.

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